15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	pivisio	ON OF STATISTIC		CH AND RECORD		N STREET, BALTIMOR	E 1, MARYLAND	
]	1475	T.			re of Death	certificate	11469	
1.	PLACE OF OEAT a. COUNTY	Kent	##5 0,3	INTO PME TLOS	A OTATE	CE (Where deceased lived, If insti ryland b. COUNT		nission)
R	b. CITY OR TOWN	VN (if outside corpora and give nearest tow	te limits, co	LENGTH OF STAY IN 18 etime		outside corporate limits, write K Hall	RURAL end give nearest	town)
	At Hon		ON (if not In hosp	Ital, give street address	d. STREET ADDRESS		e. IS RESII ON A FA	DENCE ARM?
3.	NAME OF OECEASED (Type or print)	John S	tewart	Middle Edwards	Last	4. DATE Month OF DEATH Aug. 15		
	male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 19 ec. 31, 49	9. AGE (In years III last birthday) 5.8 yrs.		24 HRS. Min.
10a dur	. USUAL OCCUPA Ing most of work Watern	TION (Give kind of work king life, even if retire nan	done 10b. KINI d) INDI	O OF BUSINESS OR JSTRY	11. BIRTHPLACE (C Kent C	ounty & State, or foreign country) O. Md.	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAM	ME		THE THINKS	14. MOTHER'S MAIL	DEN NAME		
	Stewa	ert Edward	ls		Bertha	(Evelyn) Var	nsant	
15. (Ye	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. SO	16 1644	. INFORMANT Inez Naomi	Edwards Roo	ek Hall,Md.	
		DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	Por		olusion. M	Ceant block.	ONSET AND D	WEEN EATH
	+201 Conditions, If	DUE eny, which)	T0 🕡	dio vas cula	r Inouff	ie; energ	15m	m.
	gave rise to cause (a), s underlying cau	stating the DUE se last.	TO (c) an	terio Sole				
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIBUTION	NG TO DEATH BUT NOT RE	LATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PA	PERFURIV	OPSY MED?
CERTIF	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING DING CAUSE OF DEADTIFY MEDICAL EXAMI	TH NER) 20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter nature of	f Injury in Part I or Part II of	Item 18.)	
MEDICAL	Hour a.	INJURY Month, Day, m. 19	Year 20d. INJU		ACE OF INJURY (Home, fa tory, street, office bldg., e		(County) (St	ate)
2		fy that (I) (this hos			6-20 1	93 to 8-15	, 19 <i>66</i> , that (I) (we	e) last
		ceased alive on	8-15		at death occurred at_			above.
	22a. SIGNATU	Mudves	Sh	tis N	.D. PHYS.		226. DATE SIGNED 8/16/66	
	22c. PHYSICI NAME (1	ype) Rudolf	- 0		22d. ADDRESS	von Hell, h	d	
23a	Burial	(Secify) 8/18/	THEREOF 66	Wesley Ch	apel Cem.	Rock Hall,	Md.	te)
24		ECTOR	0000	hestertown	1, Md. AUG		ISTRAR'S SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2 funeral 1 ond 2 ter death. requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY ofter MARYLAND New Jersey by the fu Pages b. CITY OR TOWN (If autside carparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) completely filled in by the ove corbon papers. Page y event, within 72 hours of write RURAL and give negrest tawn) 8 davs Chestertown Glen Rock d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 63 Highland Rd The Kent & Oueen Anne's Hospital. Inc YES NO X 3. NAME OF Middle Last 4. DATE Month Day Year completely DECEASED 1966 (Type or print) Louise Galt. Marion DEATH remove cor S. SEX 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 10/18/1898 last birthday) Months Dovs Hours Female White in any WIDOWED DIVORCED ond 1Do. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY?U.S.A. physicion o pleose during most af working life, even if retired) INDUSTRY Norfork Co. Mass. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the ottending physburiol-tronsit permit. Then buriol, cremation, or removal Edward C. Barney Emily P. Kendal: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) ((If yes give war ar dates af service) 51-32-8324 Hospital Records Chestertown. Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or ottending physicion. **DUE TO** PERTENSION Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause the has been of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO FUNERAL DIRECTOR: After this certificate YES [NO for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour o.m. Nat While foctory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram , 19 66, to 8/25 , 19.66, that (I) (we) last be retained saw the deceased alive an 8/25 19 66, and that death accurred at _M, fram causes and an the date stated above. 120/ SIGNATURE **ATTENDING** director, poge 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS 122c. PHYSICIAN'S NAME (Type) Dr. Oteiza Chestertown, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Gremation 8/27/66 Solverbrook Crematory Wilmington, Delaware 24. JUNERAL-DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Chestertown, Md. DATE AUG 29

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FOR STATE HEALTH DEPT.

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O DEPUTY MEDELAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. File pages 1 and 2 with the State Department and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. I of Health or its designated agent, prior to burial, cremation, or removal,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

1146	MEDI	CAL EXAMINER 3	CENTIFICAT	L OI BLAIN	11441
1. PLACE DF DE/ e. CDUNTY	Kent		2. USUAL RESIDEN a. STATE Ma		titution: Residence before admission) TY Kent
		MARYLAND			
b. CITY OR TO	OWN (if outside corporate limi AL and give nearest town) 1	ts, c. LENGTH OF STAY IN 1b		THE RESERVE TO SHAPE THE PARTY.	ite RURAL end give nearest town)
worton	1	litElima	Worton		14-1
d. NAME OF F	HOSPITAL OR INSTITUTION (IF I	ot in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	HT-HON	1 E			YES ND
NAME DF DECEASED	Vernon	Middle Butler	Hackett	4. DATE Month	
(Type or print	7		B. DATE OF BIRTH	I O ACE (In wage)	IF UNDER 1 YEAR IF UNDER 24 HRS
male	looloned ""	ARRIED NEVER MARRIED 1	MOCK OCK		Months Days Hours Min.
DA USUAL OCCUP	PATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT
uring most of wo	orking life, even if retired)	INDUSTRY Farm	U.S.A.	react of foroign country,	COUNTRY'S A
3. FATHER'S NA	AME		14. MOTHER'S MAI	DEN NAME	
Samuel F	Hackett		Georgean	na Garrison	
	ED EVER IN U.S. ARMED FORCES?		INFORMANT	Addres	S
(Yes, no, or unkown	(If yes give war or dates of service	213 34 5150	Julia Hac	kett, Worton	. Md.
1 18. CAUSE D	OF DEATH [Enter only one caus	e per line for (a), (b), and (c),]			INTERVAL BETWEEN
	DEATH WAS CAUSED BY: A	rteriosclerotic	cardiova	scular diseas	
422	7 1	2 00220302010			10 years
	If any which \				
	to Immediate				
	stating the DUE TO				
underlying ca		NTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN I	PART 1(a) 119. WAS AUTOPSY
	at ordinarion of the first of t	Militari i de Billio de Merida			PERFORMED?
2Da. EXTERI PRIMARY CAUSE OF DE	MAL CALLOF WAS	20b. DESCRIBE HOW INJURY OCCU	IDDED /Enter neture o	of Industry In Part I or Part II or	YES NO
PRIMARY [or CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCU	rkep. (citter nature o	i mjuly in Part I of Part II of	i item 10.)
			as as wellowalt	- Loos (Other on Assert)	(01-1-)
20c. TIME 0 Hour	OF INJURY Month, Day, Year		CE OF INJURY (Home, f ry, street, office bldg., e		(County) (State)
		at work at work			
21. I cert	tify that I took charge of th	he remains described above, hel	d an Autopsy,	inspection 🔼 Inqui	iry 🔲, and in my opinion
death resu	ulted from: Natural caus	es 🔼, Accident 🔲, Sui	cide, Homic	ide, Undetermined	manner
	M the		CHIEF MEDICA	L EXAMINER	
ACTUAL SIGNATURE	Ken Vta		_M.D. ASSISTANT ME	EDICAL EXAMINER	22. DATE SIGNED
	Robert W. Fa	rr. M. D.	DEPUTY MEDIC	CAL EXAMINER	8/31/66
NAME (Type)	Adder w. ra			et, city, town, or county)	
BURIAL, CR REMOVAL (- 11 - 1	OR CREMATORY	23d, LOCATION (City, to	wn or county) (State)
DURI	01 1121	966 FOUNTA	NCEM.	KIF. V	JOK low, ma
24. FUNERAL DI	RECTOR	ADDRESS	25a. RE		EGISTRAR'S SIGNATURE
Man	eth Ways	(hesterior	WN, Md DATE S	DEP 6 1966 8	Marley Judge

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TO DEPUTY MED

All todant tratail dilli and when the sale of the sale

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11478 CERTIFICATE OF DEATH deoth. attending physician ond completely filled in by the funeral sermit. Then please remove carbon papers. Pages 1 and on, or removal, and in any event, within 72 hours effected on. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY o. COUNTY MARYLAND Kent Kent b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 3Hrs.10Min. Chestertown Rock Hall e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO SE Kent & Oueen Anne's Hospital None 3. NAME OF Middle Lost 4. DATE Month Year Dov DECEASED (Type or print) Roaby **NMN** event Kellev DEATH 19 66 IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED K lost birthdoy) Months Hours WIDOWED DIVORCED 12/17/1889 Male White 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Kent Co., Maryland
14. MOTHER'S MAIDEN NAME Waterman IIS 13. FATHER'S NAME James Daniel Kelley Eliza Ann Scott IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Hospital Records Chestertown, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c),) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO buriol, Conditions, if ony, which gave rise to immediate couse (a). DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING be retoined by the hospital OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 19 66, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. 8/15 , 19.66 , ta 8/15 M, fram causes and an the date stated abave. 1966, and that death accurred at saw the deceased alive/an 8/15 3:40P.M. 22b. DATE SIGNED 22o, SIGNATURE STAFF PHYS. ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Harry P. Ross Chestertown, Maryland director, should 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (County) (Stote)

VR A15 (4) 20 M 1/66

requires that the deoth certificate be executed within 24 hours after death.

BURIAL 24. FUNERAL DIRECTOR lesle ADDRESS,

25o. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

35111 and green tank a happital Wedn Incom Telephon Telephon tion of their row or as AVI on the research and the period of the AVI of the WHEN A LOUIS WELL THE SECOND S MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

11473

	11703			CERTITICAL	L OI DEATH						
	PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased liv			nce befa	re admissi	an)
	a. COUNTY			ALADAU AND	a. STATE		b. COUN				1
	Kent			MARYLAND	Marylan	d	Ker	nt			
		If outside corporate lim d give nearest tawn)	its,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside carporate lin	nits, write RUR	AL and gi	ve neare:	st town)	
	Chester			3 hours 45 mi		on			14	1-1	
		AL OR INSTITUTION (If			d. STREET ADDRESS					e. IS RESI	DENCE ARM?
		Queen Anne			None					YES	
	NAME OF DECEASED		First	Middle	Last	4. DATE OF	Manth	h	Day		
_	(Type ar print) SEX	6. COLOR OR RACE	Madge	Caldeliah	Meeks B. DATE OF BIRTH	DEATH	(In years	IF UNDER	NEAD	IF UNDER	66
٥.			7. MARRIED	NEVER MARRIED		las	t birthday)	Months	Days	Haurs	Min.
1.0	Female	White	WIDOWED	DIVORCED T	12/22/189		9 yrs.	1 10 6	TITEN OF	DALLAT	
duri	ina most af warkina	(Give kind af work dan life, even if retired)	INI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count	,			ITIZEN OF OUNTRY?		
	Housewi	te & Housel	keeper-C	Country Cousin			land	U	S		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Thomas	Arthur WI	LMER-+	feeks-	Anna Ber	nanna NMN	Wheel	ler			
		R IN U.S. ARMED FORCES		OCIAL SECURITY NO. 17.	INFORMANT		Addre				
(16	No.	(II yes give wor or dures	OLZEIAIGE	н	ospital Rec	orde	Chest	orto	* ***	Marr	land
		EATH (Enter anly one co	nuse ner line for		DODIEGI NCC	ords	Offest	ELLU		ERVAL BET	
		TH WAS CAUSED BY:	ause per interior	1 1 1 1 1 1 1 1	4. 21.2.		1 2100	100		SET AND D	
н		IMMEDIATE CAUSI	E (a)	teriosclero;	TC CARDIOC	WASCULAR	DISE	450	-		
	422	/ DU	E TO			.,,					
	Canditians, if any		(b) /11	ASSIVE CE	REBRAL	HEMON	RHAG	55			
	rise to immediat		E TO								
	stating the unde	riying cause	(c)								
		CHIEICANT CONDITIONS		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	MIDITION CIVEN IN	DADT 1/-)		110	WAS AUTO	VOCV
NO.	PAKI II. UIHEK SI	GNIFICANT CONDITIONS	CONTRIBUTING	O DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN	PAKI I(a)		17.	PERFORM	ED?
S I									У	S	NO X
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH	205. DES	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II af	item 18.)				-/-
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJI	JRY Manth, Day, Yeor		JURY OCCURRED 2De. PLA	ACE OF INJURY (Hame, far		or town)	· (Co	iunty)	(State)
¥	p.r	n. 19	While at wark		tary, street, affice bldg., etc	.)					
	21. I certi	fy that (I) (this ha	spital) attend	led the deceased fram_	8/8	19.66 , ta_8	8/8	, 19_	66, th	at (I) (we) las
		eceased aliye an_	8/8	19 <u>66</u> , and the	at death accurred a		m causes o	and on t	he dat	e stated	above
П	22a. SIGNATURE	11	11	/		15 P.M.		22b. D	ATE SIGN	ED	
		Hau	ey P	Kass M	D. PHYS.	MED. DIRECTOR	STAFF PHYS.		8-8	1-66	
	22c. PHYSICIAN'S	/ \	1		22d. ADDRESS					40	
	NAME (Type	Dr. Harr	y P. Ro	ss	Chester	rtown, Ma	ryland	5		7.00	
230	. BURIAL, CREMATIC			23c. NAME OF CEMETERY OR		23d. LOCATIO	/		(County)	151	ate)
7	REMOVAL (Specify			STILL PON	A A COURT	STIL	1 Pn	NA	KE	NT S	MID
24	FUNERAL DIRECTO		4	ADDRESS		D BY REGISTRAR	Josh Dro	SISTRAR'S	ICNATUR	. ,	1 days
14	TUNEKAL DIKECTO	1 Kenne	On .	STILL PON!		0.0		4		_	
4	ucar 1	1. / with	067/	J. 165 1 000 1	DATE A	TTOOL	966	yua	Mes	Quel	40

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	DIVISIO 11480	N OF STA	TISTICA		RCH AND RI	ECORDS	PARTMENT (, 301 W. PRES' E OF DEAT	TON STR		BALTIMOI	RE 1, 1	MARYI	LAND	
1.	PLACE OF DEAT		ount	v.War	yland _{MAF}	OVI AND	2. USUAL RESID a. STATE	ence (Wher		ed lived, If inst b. COUN	itution: I	Residence	before ac	lmission)
-	b. CITY OR TOW	N (if outside	corporate I		c. LENGTH OF ST		c. CITY OR TOWN						ve neares	t town)
Ţ		and give near			Lifetim		R.F.D.V	Vorto	n I	Varuel	nd	1	4 . 1	/
			TITUTION	(if not In ho	Lifetime spltal, glve street	address)	d. STREET ADDRE	SS	<u> </u>	mar Ara	110		ON A F	ARM?
_		Home						1.4. 2	7-	Mandh				NO L
3.	NAME DF DECEASED (Type or print)		First Elbe	ert	Middle S.	Mood	Last	DF	EATH	Month 8		Day 18	13	66
	SEX	6. COLOR OF		MARRIED [NEVER MARR	IED 8	B. DATE OF BIRTH		9. AG	E (In years I	FUNDER Months	1 YEAR Days	IF UNDER	Min.
	Male	Color		WIDOWED [DIVORO		3/9/1908			y13.				
	in USUAL OCCUPATION most of work			101	ND OF BUSINESS (DUSTRY IOUS	OR	Marylar Marylar		State, or 1	foreign country)	U.	OUNTRY S . A	OF WHAT ? •	
13	FATHER'S NAM	1E	EL P				14. MOTHER'S M	AIDEN NAM	Ε					
		James					Martha	Whit	е					
15 (Y	. WAS DECEASED us, no, or unkown) O	EVER IN U.S. AI (If yes give war	RMED FORC or dates of se	ES? 16. S	7-09-48		INFORMANT 's.Rache]	L Moo	dу	Worto	R.F		ylan	d
		DEATH [Enter EATH WAS CAL IMMEDIATE	ISED BY:	Dos	ne for (a), (b), and		er appril	Rent	N			INTE	RVAL BE ET AND I	TWEEN DEATH
	Cenditions, If gave rise to cause (a), s	any, which immediate tating the	DUE TO (b) DUE TO	me	Taskatis	1 .	ancer D	9				4	ho	us,
CATION	PART II. OTHER		(c) ONDITIONS		TING TO DEATH BU	T NOT RELA	TED TO THE TERMINA	AL DISEASE	CONDITI	ION GIVEN IN F	PART 1(a)	19. YE	WAS AU PERFOR S	
MEDICAL CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERL' ING CAUSE TIFY MEDICAL	YING [] OF DEATH EXAMINER	20b. D.	ESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature	e of Injury I	n Part I	or Part II of	Item 18	.)		
MEDICAL	20c. TIME OF Hour a.i	m.	h, Day, Yea	ar 20d. IN While at work	JURY OCCURRED Not While at work	20e. PLA factor	CE OF INJURY (Home ry, street, office bldg	e, farm, 20 g., etc.)	f. (Cit	y or town)	(Co	unty)	(S	tate)
	saw the de	ceased alive		al) attende	d the deceased		death occurred a	, 1966, at //45 M	to , from	the causes a		he date		
	22a. SIGNATU	Om	doc	6 59	lites	M.D		MED. DIRECTO	R 🗆	STAFF PHYS.		ATE SIG	D-BE	5
	22c. PHYSICIA NAME (T	ype) Rud		3.7	tis M.D	•		Iall,		ryland				
23	REMOVAL (SP	ecify)	DATE THE		23c. NAME OF					TION (City, to			_	ate)
	surial	18/	21/19	966		ethod	list Cem.	DEC'D BY	Lema	n Cori	ner,	Mar	yLai	nd_
24	FUNERAL DIRI	* Wa	Day		ADDRESS Chester	town					Cla			et.
										13			11 1	-

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5

CERTIFICATE OF DEATH

_												
1.	PLACE OF OEAT a. COUNTY	H Cent		MARYL	AND	a. STATE Md		e deceased lived, If inst b. COUN			before ad	mission)
6	b. CITY OR TOW write RURAL Salena	YN (if outside corporate L and give nearest town)	limits,	c. LENGTH OF STAY I		c. CITY OR TOWN (III	f outside	corporate limits, wri	te RURAL :	and give	e neares	it town)
	d. NAME OF HO	OSPITAL OR INSTITUTION	(if not In ho	spital, give street add	dress)	d. STREET ADDRESS				9. Y	ON A F	-
3.	NAME OF	First	t	Middle		Last	4. DA			Day	Yea	ır
	(Type or print)	LINDA	1	MAE		MULFORD	OF DE	ATH Augus	t	5,	19 (66
5.	SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	1 8	B. DATE OF BIRTH		9. AGE (In years I		YEAR	FUNDER	24 HRS.
F	emale	White	WIDOWED	DIVORCED		July, 4, 190	5	61 vrs.	Months	Days	Hours	Min.
108	. USUAL OCCUPA	TION (Give kind of work do	ne 10b. Kl	IND OF BUSINESS OR	<u></u>			tate, or foreign country)	12. CI	TIZEN O	OF WHAT	
dur	ing most of work	king life, even If retired)	IN	IDUSTRY		MA				UNTRY?	1	
13	Housewi FATHER'S NAM		OWN	Home		Md. 14. MOTHER'S MAII	DEN NAM	F	0.0	S.A.		-
J	ames Rul	ley Smith.	7500 10 (OCCUPATION OF CHARLES	1 47		over.					
(Ya	s, no, or unkown)	EVER IN U.S. ARMED FORCE (If yes give war or dates of se	ervice)	SOCIAL SECURITY NO.	17.	INFORMANT		Address	à			
N	lo.				Woo	drow W. Mu.	lford	l, Ga	lena,	Md	.216	35_
	18. CAUSE OF	DEATH [Enter only one of									RVAL BET	
	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	. Ca	rcinoma (of t	the rectur	m			UNSE	vea	
	154	1 . /	,								300	2 10
	Conditions, If	any which \										
	gave rise to	Immediate (-					
	cause (a), s underlying caus	an Inch										
N		SE TASE. (C) SIGNIFICANT CONDITIONS		TING TO DEATH DUTNE	T DELA	TED TO THE TEDMINIAL	DISEVEE	ONDITION CIVEN IN D	ADT 1/2)	110	WAS AU	TOPSV
FICALIC	me	tastases w	idesp	oread.						YES	PERFOR	
CERTIFICATION	E 20a ACCIDENT	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER	1 20b. Di	ESCRIBE HOW INJURY	OCCUI	RRED. (Enter nature o	f injury in	n Part I or Part II of	Item 18.)			
MEDICAL	Hour a.r		ar 20d. IN While at work	Not While		E OF INJURY (Home, fa y, street, office bldg., e		f. (City or town)	(Coun	ity)	(\$	tate)
Σ					Λ.	1207 1	9 66	to 5 Aug	1066) 41.	at (I) (w	dool (as
		fy that (I) (this hospita		a the deceased fro	III.	death occurred at	7.00	PM.	_, 19 <u>0</u>	_, tha	W) (I) 31	e) last
	22a. SIGNATU		Aug	19 00, and	a that	death occurred at_	1 · VIVI,	Treme the causes a	22b. DA			anove.
	22a. 3101A101	Man A	4	//.		ATTENDING (MED.	STAFF	7	Polici	/	11
	22c. PHYSICIA	AAI'S	Wes	recen	M.D.	PHYS. 22d. ADDRESS	DIRECTOR	R PHYS.	-//	Ta	2 6	6_
	NAME (T	ype) Wallace C	bensha	ain. M.D.		Cecilton	. Md.	21913		1		
23a	BURIAL CREN	MATION, 23b. DATE THE		23c. NAME OF CEM	METERY		-	LOCATION (City, toy	yn or cour	ntv)	(Sta	ate)
	REMOVAL (Spe	Aug. 9, 19		Galena Cer					ent C		Md.	
24	FUNERAL DIRE	-	00	/ ADDRESS	//			EGISTRAR 25b. RE	GISTRAR'S	SIGNA		
8	Lune.	1 F. 1/20	11	Milling	Same !	Med DATE A			Char		Jude	et.
4	arrace	Linou	A.	1 maye	OK,	/ Cari DAIE	100 1	0 1000			10	

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	1	A	DIVISION OF STATISTICAL RESEARCH AND RECORD	PARTMENT OF HEALTH s, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH 11476
r death.	and 2	1	1. PLACE OF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
afte		1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	Maryland Queen Anne's C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
hours after	in b		Chestertown 2days	Centreville 17-2
24 h	filled papers in 72 h	7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	ON A FARM?
		/=	Kent & Queen Anne's Hospital 3. NAME OF First Middle	Rt. #3 YES NO Last 4. DATE Month Day Year
executed within	completely ve carbon event, with		(Type or print) BAGY BOY	8. DATE OF BRITH 19. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS.
cute			5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Days Hours Min
	remo in any	-	Male White WIDOWED DIVORCED 10a.USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	7/30/66 yrs. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
e pe	sicia lease and		Infant	Kent Co., Maryland US
ficat	en p		13. FATHER'S NAME	Kent Co., Maryland US 14. MOTHER'S MAIDEN NAME
certi	nding pr Then remova	-	John Law Murdoch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	Susan Blount Richardson Address
death certificate	the attending I t permit. Then ation, or remov	-		spital Records Chestertown, Md.
	the pu		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
that the sician.	gned by ial-transi ial, crem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Julia Crama	Murrye 2days
es tha	sign ourial burial		conditions, if any, which) DUE TO Consible in Conditions	mul legel wipes cherris delives
equir ing p	been the b		gave rise to immediate cause (a), stating the DUE TO + 0000 here	mhasi di sue - suusubs.
aw r ttend		1	Underlying cause last.) (c) (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
The l	ficate has for use as Health price		DE L'ANTINO MERCHANINI DEL ROTRO MERCHANINI DE	PERFORMED? YES NO 🔀
CIAN:	certificated for the test of He		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
VG PHYSI	ter this be detacl			ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) 20f. (City or town) (County) (State)
Ined	R: Af			7/30 , 19.66, to , 19.66, that (I) (we) last
ATTI	DIRECTO		saw the deceased alive on 5 19 66, and tha	at death occurred at M, from the causes and on the date stated above.
y be	DIR	,	Wheel Vtare M.	
HOSPITAL age 4 may	FUNERAL irector, pa		22c. PHYSICIAN'S NAME (Type) ROBERT WIFARR	22d. ADDRESS
Page Page	O FUNE directo should	1	23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	- B	-	24 FUNERAL DIRECTOR ADDRESS	25a. RED'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	A15 (4) P	1	Jame N. Buthy Satto Bon, Centrally, 1	20, DATE AUG 5 1966 Johnson Judge
1910	7-04	5	6-224634	

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 MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE HEALTH DEPT

alay is necessary, 13 to the funeral Page 5 may be Department after death. State -

any dela 2, and PM3. F with with uted within 24 hours after death. If a lin pencil in Item 18. Give Pages 1, Examiner's Office along with form l and event pages 1 in any File permit. I removal, EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is nould be forwarded to the Chief Medical Examiner's burial-translt cremation, or i Chief 0_ used as to burial the certificate, writing the should be forwarded to the or or should gent, pri 3 shou agent, CTOR: Page designated FUNERAL DIRECTOR: **DEPUTY MEDICAL** Page 4 s for your execute 0 Health director. VR A15ME 35DD 4-64

DEATH Aug. (Type or print) 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthdey) Months male white 1905 WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY C BIRTHPLACE (State or foreign country) Superintendent of Estate Delaware Farm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip Potts Helen Dawson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) 288 Harlan Potts no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Infarction yocardial PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Daw Year 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work p.m. took charge of the remains described above, held an Autopsy 21. I certify that I Inspection Undetermined manner death resulted from Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE Chestertown DEPUTY MEDICAL EXAMINER Kent Co. Md. Address (Street, city, town, or county) EXAMINER'S NAME (Type) Gulbrandsen NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF TOT REMOVAL (Specify) Lower Brandywine 8/24/66 Burial ADDRESS 25b. 25a. REC'D BY REGISTRAR I FUNERAL DIRECTOR Chestertown, 1966

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Kent b. COUNTY Delaware MARYLAND New Castle CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Winterthur Rural Chestertown hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Great Oak Lodge YES X NO NAME OF Middle Month Year Last DECEASED Leslie P. Potts 1966 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS Hours 12. CITIZEN OF WHAT COUNTRYZ Winterthur, Del. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? NO I YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) (County) (State) and in my opinion 22. DATE SIGNED 23d. LOCATION (City, town or county) New Castle Co. Del. REGISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

NESS FORMS, INC., BALTIMORE, MD. 2120

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Millington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest Millington Millington d. STREET ADORESS e. IS RESON A F YES	
Millington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESON A F YES	LOCNOC
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RES ON A F YES	LOCNOC
YES 🗆	
	NO X
DECEASED	
FROE C. FRICE. AUGUSE, 13, 13	
last birthday) Months Days Hours	Min.
Male White WIDOWEO DIVORCEO August, 2, 1880 86 yrs.	
10a. USUAL OCCUPATION (Give kind of work done done life, even if retired) INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Ret. Farmer Farming. Millington, Md. U.S.A.	
13. FATHER'S NAME	
Thomas E.Price. Annie Bennett.	- 10
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
No. 278-14-2032 Mrs. Ethel E. Price. Millington, Md. 216	51
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	WEEN
PART I. DEATH WAS CAUSED BY: ONSET AND E ONSET AND E	DEATH
1/201	
Conditions If any which \	
gave rise to immediate (b) OUE TO	
underlying course lost	
	TOPSY
Carlo Vone acutat Carelad Champles,	MED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUPERPORT YES 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Oay, Year Hour a.m. 9. While at work at w	ио 🔽
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
O TIME OF INVIEW MARKS ON VANDE COMMINEN DOUBLES COM INVIEW OF THE PROPERTY OF	4-4-3
S 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (S	tate)
21. I certify that (I) (this hospital) attended the deceased from 3/16/50, 19, to 3/13/66, 19, that (I) (w	e) last
Saw the deceased save on	above.
22a. SIGNATURE 22b. OATE SIGNED ATTENDING MED. STAFF 22b. OATE SIGNED	
LE TUTCHEN M.D. PHYS. DIRECTOR PHYS. 1 3/5/66	
22c. PHYSICIAN'S NAME (Type) 1. 1 P.	
W. C. PRIVENORD IT Sugare, Del	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sta	ate)
Burial Aug. 16.1966 Hickory Grove Cemetery, Port Penn. Del	1
24 FUNERAL OIRECTOR FOR ADDRESS AND AUG 16 1966 ROLLINGS SIGNATURE	
Edward Fellours, Welliastor Md aut 16 1966 Julianes Judge	

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No. 27/-1-2052 -ro. Sinul 5. Erico. Miliagton, Pd. 21851

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Surial Mo.15, 1906 Highery Grove Descent, Port Pans,

THE PERSON OF THE PERSON NAMED IN

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 44 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pertil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11486 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.1.200	2 -
1. PLACE OF DEATH a. COUNTY Kent	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Pennsylvania b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Betterton 2 days	Reading 75.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	
	134 N. 3rd St. YES NO
3. NAME OF First Middle DECEASED Robert William Shull	Last 4. DATE Month Day Year OF BEATH 8 21 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
Male White WIDOWED DIVORCED	10-19-28 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Laborer Steel Production	Pennsylvania US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter L. Shull	Florence Moody
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) Yes AirForce 1949 190-22-9792 I	Brother - John Franklin Shull, Reading, Pa.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
1 IMMEDIATE CAUSE (a) Carbon Monoxide	-o1soning
Conditions, If any, which \ (b)	
gave rise to immediate	
cause (a), stating the DUE TO underlying cause last.	
(0)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ICALIC	PERFORMED? YES NO X
20a. EXTERNAL CAUSE WAS PRIMARY ☐ OT CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCC PRIMARY ☐ OT CONTRIBUTING ☐ 20c.	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
Hour a.m. While Not While	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , inquiry , and in my opinion
death resulted from/ Matural causes, Accident, Su	icide, Homicide, Undetermined manner
ACTUAL A SUlliandren	ACCIOTABLE AUCDICAL EVANIABLE TO 22. DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 8-26-66
EXAMINER'S NAME (Type) O. S. Gulbrandsen, M.D Box	233 Address (Street, city, town, or county) Chestertown, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 8/27/66 Alsace Cemeter	
24.) FONERAL DIRECTOR ADDRESS VILL	25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE
Mm. G. Arry a. 1501-1503.	NITA DATE AUG 29 1966 golianles Judge
100	

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MARYLAND STATE DEPARTMENT OF HEALTH

1148	37		CERTIFICA	TE OF	DEATH			114	181
1. PLACE OF DEA	ATH		444.07/141/0	0.	UAL RESIDENCE (V	/here deceased	b. COU	NTY	fare admission)
b. CITY OR TO	WN (If autside corporate		c. LENGTH OF STAY IN 1b		Y OR TOWN (If ou	tside carparate		e nt RAL and give near	rest tawn)
	AL and give nearest tawn)		34 days		Georgetov	vn			14-1
d. NAME OF H	OSPITAL OR INSTITUTION (If not in haspital, g			REET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
	& Queen Ann		tal Middle	I	last	4. DATE	Mont	th Do	
3. NAME OF DECEASED (Type or print)	First	Guyer		Sioler	OF DEATH	8	31	L 1966
S. SEX	6. COLOR OR RACE		NEVER MARRIED DIVORCED		OF BIRTH 85		AGE (In years last birthday)	Manths Days	IF UNDER 24 HRS
during most of wo	White "ATION (Give kind of wark of urking life, even if retired) ed Dentist ME	ane 10b. KII	ND OF BUSINESS OR DUSTRY	11. B W1	13/1996 IRTHPLACE (County 1mington OTHER'S MAIDEN N	& State, or fare		12. CITIZEN COUNTRY	
1S. WAS DECEASI (Yes, na, ar unkno	e NMN Sigle: ED EVER IN U.S. ARMED FOR: Own) (If yes give war ar do OF DEATH (Enter only and	(ES? 16. Stes of service)	12-40-7219	7. INFORM	ura NMN ANT tal Reco		Addr	ertown,	Maryland NTERVAL BETWEEN DONSET AND DEATH
Canditions, i	DEATH WAS CAUSED BY: IMMEDIATE CA of any, which gove ediate cause (a), underlying cause	DUE TO (b) DUE TO (c)	teriosele	2. Vei	Hea	.T)) isreas	-e	
PART II. OTH	ER SIGNIFICANT CONDITIO		O DEATH BUT NOT RELATED	TO THE TERM	MINAL DISEASE CON	DITION GIVEN	IN PART 1(a)	1	9. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCUR	RED. (Enter n	oture of injury in I	Part I or Part	II of item 18.)		
	OF INJURY Month, Day, Ye ur a.m. p.m.	ar 20d. IN While of wark	Not While at wark	factory, stre	JURY (Hame, farm et, affice bldg., etc.)		(City ar town)	(County)	(State)
	certify that (I) (this		ded the deceased from	that deat	28, 1 h occurred at	9 <u>66</u> , to	8/31 from causes	, 19 <u>66</u> , and on the de	thot (I) (we) lo
22a. SIGNA	TURE	Ver	p	M.D. PH	TENDING 11:	MED. A.M. DIRECTOR [22b. DATE SIG	
		Arthur T.	Keefe		Chestert	own M	arvland		
23a. BURIAL, CRE REMOVAL (S	MATION, 23b. DAT	3,1966	23c. NAME OF CEMETERY Denton Ceme	OR CREMAT	ORY		ATION (City or To	wn) (Coun	., , ,
24. FUNERAL DI		0,1300	ADDRESS	-Arcely		BY REGISTRA		GISTRAR'S SIGNAT	

Millington, Md.

1956

Edward Fellows,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please is mave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and trans event, within 72 haurs after deathered.

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106		DIVISION OF STATISTICA	MAR'	YLAND STATE DE ARCH AND RECORD	PARTMENT (S, 301 W. PREST	OF HEALTH TON STREET, BA	LTIMORE 1, MA	RYLAND;				
4 F04		11488 Items 23.24 CERTIFICATE OF DEATH										
hours after death, d in by the funeral rs. Pages 1 and rest hours after death.	1.	PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY							
the after	_	h CITY OF TOWN (If outside cornorate	limite	MARYLAND 1 c. LENGTH OF STAY IN 1b	Maryland Queen Anne's /							
by by Page		b. CITY OR TOWN (if outside corporate write RURAL and give nearest town Chestertown)	5days 9hours			mints, write KURAL at	d give nearest town)				
hou d in rrs.	-	d. NAME OF HOSPITAL OR INSTITUTION	(If not in h		Sudler d. STREET ADDRES			e. IS RESIDENCE ON A FARM?				
executed within 24 hours and completely filled in by remove carbon papers. Pagin any event, within 72 hours		Kent & Queen Anne's	s Hosp	ital	Box 148 ON A FARM							
executed within and completely remove carbon prans event, within	3.	NAME OF FIRS		Middle	Last	4. DATE OF	Month	Day Year				
omplo	5	(Type or print) Wil	liam	James	Snyder B. DATE OF BIRTH	DEATH	8	8 1966 YEAR FUNDER 24 HRS.				
ecute nd cc nove ny ev	٥.		7. MARRIED WIDOWED			9. AGE (I	Irthday) Months Da	ays Hours Min.				
exe in ar in a	10a	Male White USUAL OCCUPATION (Give kind of work doing most of working life, even if retired)		IND OF BUSINESS OR	8/3/66 11. BIRTHPLACE	(County & State, or foreign	yrs. 5 on country) 12. CIT!	ZEN OF WHAT				
ficate be e physician n please r wal, and in	aur	Infant		NDUSTRY	Kent Co	., Maryland	US	NTRY?				
death certificate be e attending physiciar permit. Then please ion, or removal, and i	13.	FATHER'S NAME		RESURE N	14. MOTHER'S MA	AIDEN NAME						
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ath certifi attending ermit. The	(Ye	WAS DECEASED EVER IN U.S. ARMED FOR (If yes give war or dates of			INFORMANT		Address					
dea he a per ntion	-	NO 1B. CAUSE OF DEATH [Enter only one			spital Reco	ords Ch	nestertown,	Maryland INTERVAL BETWEEN				
ilres that the death of physician, n signed by the attend burial-transit permit.		PART I. DEATH WAS CAUSED BY:		Fetal of	alectas	is	5	ONSET AND DEATH				
that shela shela al-tra al, c		7625 DUE TO		D 15	1		-	5 24 days				
ires phy n sig buri buri		Conditions, if any, which gave rise to immediate	1	remalure	les		٩					
2000		cause (a), stating the DUET			V							
iaw rec attendin has be e as the	NO	PART II. OTHER SIGNIFICANT CONDITION	:) ISCONTRIBL	JTING TO DEATH BUT NOTREL	ATED TO THE TERMINA	L DISEASE CONDITION (GIVEN IN PART 1(a)	19. WAS AUTDPSY				
N: The latal or attracted to the late of t	ICAT							PERFORMED? YES NO				
PHYSICIAN: The the hospital or a this certificate detached for use to Dept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTION											
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ENDII lined IR: At ould I		21. I certify that (I) (this hospit				19 66, to 8/8		, that (I) (we) last				
CTO CTO Sho sho /ith 1		saw the deceased alive on	8/8	19_66_, and tha	t death occurred a	M, from the	causes and on the	date stated above.				
HOSPITAL OR ATTENDING Page 4 may be retained by FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stai		Kfert	VJa	rr M.	D. PHYS.	P.M. MED. STA	FF - 15/0/	66				
ITAL may RAL r, pa		22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS							
O HOSPITA Page 4 mi O FUNERAL director, p		Dr. Robei			Chester							
Pag Pag dirr sho	23a	BURIAL, CREMATION, 23b. DATE TH REMOVAL (Specify) Cremation 8/9/66	EREUF	Kent & Q.A.		23d. LOCATION	(City, town or county	y) (State)				
0		FUNERAL DIRECTOR		ADDRESS	-	EC'D BY REGISTRAR	25b. REGISTRAR'S S					
VR A15 (4)	3	Kent & Queen	Anne's	Hosp.	DATE	UG 10 1966	fichance	Judge				
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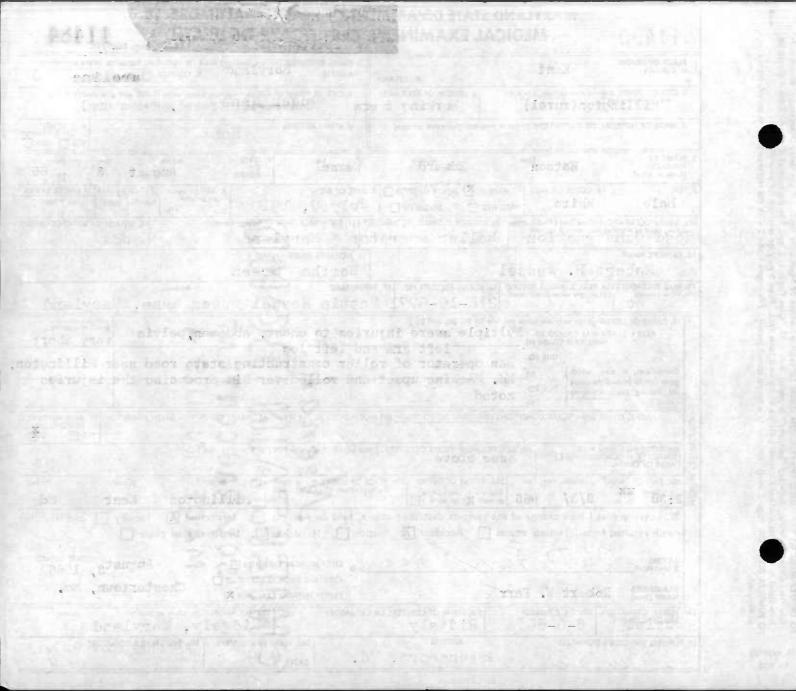
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VS. A1SME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

7. MARRI WIDOWE done 10b. R SE1 RCES? 16. Service) 2 Use per line Multi	SOCIAL SECURITY NO. 17. 18–16–6771 ofor (a), (b), and (c). 17. iple severe inj	Wessel' B. DATE OF BIRTH July 7, STRY 11. BIRTHPLACE (A tor Mar 14. MOTHER'S MAIL Bertha INFORMANT Mattie We juries to che and left left coller const	DATE OF OFF OFF OFF OFF OFF OFF OFF OFF OFF	Mont Au 9. AGE (in year lest birthday) 56 yrs. wintry) Address aleen An omen, pel	IF UNDER TYEAM Months Doys 12. CITIZEN USA USA	e. IS RESIDENCE ON A FARMS YES NO 1 Year 19 66 R IF UNDER 24 HRS. Hours Min. DF WHAT COUNTRY TYLAND TYLAN
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Se	BE HOW INJURY OCCURRED.	(Enter noture of injury in	n Port I ar Part II a	of ilem 18.)		
While		LACE OF INJURY (Home, octory, street, office bldg.	., etc.)	or tawn) lington	(County) Kent	(State) Md
couses [uicide, HomioM.D. CHIEF MEDIC, ASSISTANT M DEPUTY MEDI	cide, Un AL EXAMINER EDICAL EXAMINER CAL EXAMINER	Che	August ₃	DATE SIGNED
	couses [Par Farr Of	Farr OF 22c. NAME OF CEMETERY C	COUSES . Accident . Suicide . Homi M.D. CHIEF MEDIC ASSISTANT M DEPUTY MEDIC 122C. NAME OF CEMETERY OR CREMATORY	COUSES	Che Couses , Accident , Suicide , Homicide , Undetermined of Accident , Suicide , Homicide , Undetermined of Accident , Suicide , Homicide , Undetermined of Accident , M.D. CHIEF MEDICAL EXAMINER	Chestertown OF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6	and the same of th		11491	THE STATE OF	CERT	IFICATE	OF DEATH			1.	14	85	
r filled in by the funeral p papers. Pages 1 and 2 ithin 72 hours ofter death.	M		PLACE OF DEATH D. COUNTY		M	ARYLAND	2. USUAL RESIDENCE (o. STATE Maryland		ed lived, if institut b. COU Ken	NTY	ce befo	re admissi	ion)
les ofte			b, CITY OR TOWN (If outside corporate limits.									st town)	
Pag urs			write RURAL and give nearest town) Chestertown		19 days		Chestertown /4-1						
in b rs. 2 ho		(I. NAME OF HOSPITAL OR INSTITUTION (If n	at in haspitol, gi	ve street address)	d. STREET ADDRESS		satisfied.			e. IS RESI	DENCE	
led pape in 7	67	18	Kent & Queen Anne'	s Hospi	tal		212 Calvert Street						NO S
y fi				irst	Middle		Last	4. DATE	Moni	th	Day	Ye	ear
carbon ent.wi)	. (uel	NMN		Wilson	OF DEATH	8		24		66
completely ove carbon y event, wi		S. :	6. COLOR OR RACE Male Negro	7. MARRIED [WIDOWED [NEVER MARR		3/2/1905	9.	AGE (In years last birthday) 6 yrs.	Months	Days	Haurs Haurs	Min.
signed by the attending physician ond completely burial-transit permit. Then please remoye carbon burial, cremotion, or removal, and in any event, wi		10a.	USUAL OCCUPATION (Give kind of work done	10b. KIN	ID OF BUSINESS OR	,	11. BIRTHPLACE (County	& State, or for				WHAT	
			ng most of working life, even if retired) Mechanic	IND	USTRY AUT	0.	Kent Co.,		and		JNTRY?		
hysic n plo vol,	-91	13.	FATHER'S NAME			- 31	14. MOTHER'S MAIDEN						
The The		16	Henry Wilson WAS DECEASED EVER IN U.S. ARMED FORCES?	14 60	OCIAL SECURITY NO	17 1	Lilly Mit	chell	Addro	200			
ndir nit. or re	12	(Ye	s, na, ar unknawn) (If yes give war or dates	of convice!	6-09-00	00							
atte erm on, c			No Salat of State of			90 Ho	spital Reco	rds	Cheste	rtown,		ryla ERVAL BE	
the sit p		-	18. CAUSE OF DEATH (Enter only one ca PART I. DEATH WAS CAUSED BY:		0, 0 , and 0 , 0	r	Carl					ISET AND	
by			4 11 10	10	- yes		cou, i.	CUTT	CM				-
rial- riol,		Conditions, if any, which gave	(b) 15	eedun	9	nodenal	Ul	eer		1	- cu	eh,	
	43		rise to immediate cause (a), stating the underlying cause DUE	TO								512	
been s the ior to		last.	(c)										
os las		Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT F	RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)		19.	WAS AUT	OPSY MED?
JEUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	2	FICATION								200	Y	ES D	NO [
		CERTIFIC	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY	OCCURRED. (inter nature af injury in	Port I or Part	Il of item 18.)				
		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.	20d. INJ While	JURY OCCURRED Not While		OF INJURY (Home, farm		(City ar town)	(Cou	inty)		(State)
er t e de ate		×	p.m. 19	at work	☐ at work ☐]		-11	2 (2 (4	
DIRECTOR: After ge 3 should be c lied with the State			21. I certify that (I) (this ha saw the deceased alive an_	spital) attend 8/24	ed the decease	ed from , and that	death occurred at	1193 M	from causes	, 19 <u>6</u> and on th	<u>6</u> , ti ne dat	not (I) (le state	(we) la d abov
5 % =			22a. SIGNATURE	1-2	1		ATTENDING 11	48 A.	M. STAFF	22b. DA	1	IED/10	11
e 3 ed w			(1.)	de	up.	M.D	PHYS.	DIRECTOR	PHYS.	1 8/	26	1190	66
AL pog	,		22c. PHYSICIAN'S NAME (Type)	ر الله الله الله الله الله الله الله الل			22d. ADDRESS	ertown	, Maryla	and			
ld b	1	90	Dr. A. T.		23c. NAME OF CE	MITTERY OR C					(C	A //	C4-4-1
director, po should be fi	^	230	BURIAL, CREMATION, 23b. DATE THE BENOVAL (Specify) 8/28/		Janes				ATION (City or To		(County		State)
2	B	24	FUNERAL DIRECTOR	1900	ADDRESS	оеше (D BY REGISTR	AR 2Sb. RE	GISTRAR'S SI	GNATU	RE	u
VR A15 (4) 20 M 1/66	B	19	Konnette Waller	/ Ch	esterto	own . Mo		AUG 2	9 1966	gelie			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 moy be retained by the hospital or attending physician.

